

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 47-124347	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3							53			
4		1					54			
5			1				55			
6		1					56			
7		1					57			
8		1					58			
9			1				59			
10		5					60			
11		5					61			
12		5					62			
13	1						63			
14		1					64			
15		1					65			
16		4					66			
17		4					67			
18							68			
19							69			
20							70			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	32	32	32	32	32	32	TOTAL DEP.	32	32	32
TOTAL CLAIMS	35	35	35	35	35	35	TOTAL CLAIMS	35	35	35